

The Division of Disability and Rehabilitative Services

Quarterly Update April 8, 2011

Day Services Accreditation

Providers that are providing/billing day services that have not submitted proof of national accreditation or proof of intent to survey, and have missed the deadline to submit by Feb. 28, need to submit documentation to Provider Relations by April 15.

Policy Updates

Thanks to everyone for comments and feedback on the recently drafted policies. We are currently working through the comments for on the following policies:

- Health Care Coordination
- Advance Directives
- Risk Management
- Pre and Post Transition Monitoring
- Transition Activities
- Mortality Review

These policies will be finalized in the coming days and will be posted to the website with an effective date of 30 days from the date of posting.

Incident Reporting and Management Policy

DDRS has updated its Incident Reporting and Management Policy, effective March 1, 2011. This new policy contains some significant changes from the previous policy. If you haven't already, we encourage you to check out the BQIS Incident Reporting section of the DDRS/BQIS website. The February 15, 2011 training webinar, accompanying PowerPoint slides, and frequently asked questions are also posted at the following link: <http://www.in.gov/fssa/ddrs/3838.htm>.

Respite

As a reminder, Respite Care services are services provided to participants unable to care for themselves. They are furnished on a short-term basis in order to provide temporary relief to those unpaid persons normally providing care.

- The service of Respite should only be used to relieve unpaid caregivers
- This service is not to be used to relieve paid caregivers. If all of the consumer's services and supports are provided by paid caregivers, Respite services should not be utilized

Day Service Billing

Thanks to everyone for their patience in dealing with the new Day Service ratios in the HP billing system. We have worked through all of the kinks and you should be able to bill the new ratios retroactively back to December 1, 2010.

Employment First Initiative Community Meetings

Initial community meeting has been held in each of the five demonstration site locations, Bloomington, Evansville, Marion, Kokomo and South Bend. Each of the stakeholder groups at the five locations have started to identify ways to improve access for people with developmental disabilities in obtaining successful employment in their community. The groups will now continue to meet to develop innovative plans that will support employment outcomes.

Staffing Updates

Jessica Wiseman joined DDRS on March 7 as the Special Projects Coordinator. Jessica received a Bachelor of Arts from Purdue University, West Lafayette, where she majored in Political Science and minored in Child Development and Family Studies and Law and Society. Jessica received a Juris Doctor degree from Indiana University School of Law-Indianapolis.

Tyson Runkle also joined DDRS on March 7 as a Communications Coordinator. He began service with the State of Indiana in 2008 at the Division of Aging as a project director for various federal grants for the Aging and Disability Resource Centers. Tyson graduated from Ball State University with a Bachelor of Science in Public Relations and is a Returned Peace Corps Volunteer, having served in Togo, West Africa as a Community Health and HIV/AIDS Prevention volunteer.

First Steps

Program Review

DDRS is continuing to review the First Steps early intervention system to determine where reasonable budget adjustments could be made and to identify potential sources of additional program revenue. Program changes are being implemented that will increase accountability and improve communication among providers and families, while maintaining a system of quality services. Currently First Steps is accepting enrollment applications for multidisciplinary agencies. Enrolled agencies will be responsible for the delivery of early intervention services within designated service areas and will address the comprehensive needs of eligible families and their children.

First Steps entered this fiscal year with an approximate \$17m funding gap. Through program modifications and streamlining of procedures, First Steps is expected to reduce the funding gap to \$8m for SFY 2012. As we enter the last quarter of the fiscal year, we will continue to review data related to expenditures and revenue to determine if additional program changes will need to be implemented.

Agency enrollment

First Steps has incorporated the use of Multidisciplinary Agencies in the delivery of early intervention services. Agencies are responsible for the delivery of quality services to eligible children and their families, while providing an increased level of oversight. Through Agency facilitation, families will experience an increase in communication between team members and better coordination of services.

Currently, there are 42 approved Multidisciplinary Agencies enrolled within Indiana's First Steps system. These agencies have successfully enrolled over 1,300 providers in the disciplines of Developmental Occupational, Physical and Speech Therapy. Each agency has identified service areas across the state, ensuring that all families have access to quality services.

Agencies interested in becoming enrolled multidisciplinary agencies with First Steps may complete an enrollment packet. The packet and instructions may be located at:

<http://www.eikids.com/in/matrix/docs/enrollment.asp>.

Bureau of Quality Improvement

Compliance Evaluation Review Tool (CERT) Update

As part of DDRS's commitment to share information, BQIS is sharing feedback obtained from its CERT surveys. BQIS began conducting these surveys in November 2010 and has completed 63 to date. A summary of the information and suggestions that may help providers that have not gone through the process yet have a smoother survey can be found on the DDRS/BQIS Web site. <http://www.in.gov/fssa/ddrs/2635.htm>

Joint Auditing Process

Starting April 1, 2011 the Division of Disability and Rehabilitative Services (DDRS) is partnering with the Division of Aging (DA) to conduct joint compliance reviews for non-direct ancillary service providers which include providers of:

- Home delivered meals (DA waiver providers only),
- Environmental modifications,
- Vehicle modifications,
- Specialized medical equipment and supplies, and/or
- Personal emergency response systems

As a component of the Compliance Evaluation Review Tool (CERT) surveys, these reviews will focus on compliance with 460 IAC requirements for provider qualifications, criminal background checks, insurance, documentation, and warranty information. Provider Executive Directors will be emailed announcement letters indicating that reviews will be scheduled shortly.

For providers that supply other waiver services besides non-direct ancillary services, the Non-Direct Ancillary Care component of the CERT will be conducted at the same time as when the provider's other waiver services are reviewed. While currently the focus is on combining compliance reviews for non-direct ancillary care providers we are moving in the direction of combining all provider compliance reviews for those providers operating in both DA's and DDRS's waiver programs. The Non-Direct Ancillary component of the CERT can be found at: <http://www.in.gov/fssa/ddrs/2635.htm>.

Bureau of Developmental Disabilities Services

DD Waiver Approved

The Amendment of the DD Waiver was approved by CMS on March 7, 2011. Highlights of the DD Waiver Amendment include:

- Restructuring the various ratios found under Community and Facility Based Habilitation and Prevocational Services into small, medium and large group sizes.
- Modification of service descriptions to mirror the recently approved Support Services Waiver where indicated
- Restoration of previous limits under RHS so that parents; step-parents and legal guardians may deliver no more than a combined total of 40 hours per week in RHS services.
- Modification of Performance Measures to mirror those found in the recently approved Support Services Waiver Renewal.
- Removal of the 12-month time limit on prevocational services. Monitoring of these services will be provided by a case manager or service coordinator.

Full details of these and other modifications may be found within the "Purpose of Amendment" section of the federally approved DD Waiver Amendment Application. A link to the recently approved amendment is found at: <http://www.in.gov/fssa/ddrs/2639.htm>

OBA Update

Objective Based Allocations were released on March 15th for individuals with June anniversary dates. This marks the sixth month into the transition to OBA. Please remember that teams should review the ALGO level at the annual meeting and submit a BRQ (Budget Review Questionnaire) if they feel an individual has been assessed at the wrong ALGO level. The BRQ is the questionnaire that assists the PAR Specialist review the individual's file. The team may request a copy of submitted BMR and BRQs from the case manager.

Please note that an individual may appeal any NOA, in which they have disagreement, in the same manner as before. Each NOA contains instructions on how to appeal and an individual's right to appeal. Appeals are sent directly to the Office of Hearings and Appeals. A BMR may be submitted by the case manager on behalf of the team to provide additional supports as needed until the appeal is heard by an Administrative Law Judge.

PARS Data

Through June 3,683 allocations have been released. Of those 3,683 allocations:

- 2,023 have decreased
- 1,611 have increased
- 49 have remained the same

SGL Placement

Efforts are underway to streamline the SGL (Group Home) Placement process. During the month of April, this process will shift to Central Office with one point of contact for providers. Group Home vacancies will be maintained in a statewide database and referral packets of individuals, who have been determined as meeting ICF/MR level of care, will be distributed as vacancies become available. Providers may only schedule visits for individuals who have been referred to them by Central Office. Placement approval will be given by the authorized representative in Central Office prior to moves utilizing the RAF form. An RAF must be received prior to an individual moving into the home. BDDS is pleased to announce that Celia Bartel will be lending her expertise to manage this project.

Adult Foster Care Clarifications

- Are ICAPs completed for clients receiving AFC?
 - Yes, if they are new because we don't know if they are going RHS or AFC prior to the initial CCB being created.
- If IPMG has received OBA for AFC clients, should this have happened?
 - It's not technically an OBA it should be the AFC allocation amount. Ex. If AFC was on their last CCB it will give them an Algo level etc, but it will give them the level 1, 2, or 3 daily rate times the number of days in the plan year.

- If the team does not agree with the AFC level can they appeal?
 - Yes, like they would appeal any NOA decision but a PAR or BRQ is not applicable for an individual receiving AFC.
- Should the team not send in a BMR?
 - If it is because they disagree with the assessed AFC level.
 - Yes.
 - If it is because they do not like allocation.
 - No, they need to re-examine if AFC is the appropriate service for them.
 - If they are awaiting an appeal.
 - Yes.

Bureau of Rehabilitation Services

Vocational Rehabilitation Services Employment

There have been 282 more people with disabilities who have obtained successful employment outcomes as the result of Vocational Rehabilitation Services since October 1, 2010 as compared to the same time in the previous federal fiscal year. There are currently 2,057 people with a successful outcome compared to 1,775 a year ago, which is a 14% increase.

Vocational Rehabilitation State Plan Schedule

DDRS and BRS invite the public to share comments regarding the annual revisions to the State Plan for Vocational Rehabilitation Services (VRS), and the three VRS Policy and Procedure Manual (PPM) Chapter revisions. A total of five public hearings and one conference call will be held at the following locations and dates:

- South Bend (4/19/11)
- Indianapolis (4/18/11)
- Sellersburg (4/20/11);
- Marion (4/19/11)
- Evansville (4/21/11)
- Conference call - 5:00 pm to 7:00 pm on 4/21/11.

Detailed information, including copies of the documents can be found at <http://www.in.gov/fssa/ddrs/3920.htm> . Or, please call (317) 232-1350, or 1-800-545-7763 for further information.

MIG Strategic Plan

Indiana's MIG Strategic Plan was approved by CMS in March, 2011. The MIG Leadership Council continues to meet to implement the objectives and strategies outlined in the strategic plan, with the overarching goal of improving employment and self-sufficiency outcomes for individuals with disabilities by 2015. The Strategic Plan may be viewed at the following link: <http://www.in.gov/fssa/ddrs/4218.htm>

Lowe's Partnership

The Lowe's Distribution Center in North Vernon, Indiana, a VRS Corporate Development Business partner, is preparing for a new round of hiring to begin this summer. Lowe's has invited VRS Corporate Development to continue to be a part of this hiring initiative as they seek to diversify their workforce. To date, this Lowe's distribution center has hired approximately 20 VR consumers.

TBI Grant Presentations

As part of the Traumatic Brain Injury grant, presentations on Various TBI Topics are scheduled quarterly in three VR Regions where VR TBI Local Support Networks operate. A total of 12 are planned for 2011. The first TBI Presentation was conducted in Fort Wayne where over 70 people attended.

Walgreens Partnership

The BRS Corporate Development Unit will partner with Walgreens through the Walgreens-Indiana Statewide Consortium (WISC) to improve competitive employment opportunities for individuals with disabilities across the State of Indiana. A 'one company' approach will aim to provide a consistent model of training and hiring for Walgreens stores, employment service providers and applicants at each Walgreens location in the state. Through WISC, each Walgreens store manager in Indiana will be provided with a Single Point of Contact (SPOC) who will assist the manager in creating the most efficient systems to recruit, hire, train, support and promote employees with disabilities.